

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10008599

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                              |                                |                     |                     |             | SMALL ENTITY TYPE |                        |         | OTHER THAN SMALL ENTITY |                        |
|---|--|---|------------------------------|--------------------------------|---------------------|---------------------|-------------|-------------------|------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS  |  |   | :18                          |                                |                     |                     | R           | ATE               | FEE                    | 1       | RATE                    | FEE                    |
| FOR   |  |   | NUMBER FILED                 |                                | NUMBER EXTRA        |                     | BAS         | IC FEE            | 370.00                 | OR      | BASIC FEE               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 78 minus 20= 1               |                                | * 58                |                     | ×           | \$ 9=             |                        | OR      | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = *                |                                | *                   |                     |             | 42=               |                        | OR      | X84=                    |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                       |                                |                     |                     | +1          | 40=               |                        | OR      | +280=                   |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in |                                |                     | olumn 2             | TC          | TAL               |                        | OR      | TOTAL                   |                        |
|   | С  | LAIMS AS A                                | MENDED - PART II             |                                |                     |                     |             |                   |                        | OTHER   | THAN                    |                        |
|   |  | (Column 1)                                | (Column 2)                   |                                |                     | (Column 3) SMALL    |             |                   | ENTITY                 | OR      | SMALL                   | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA    | . R         | ATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                        | **                             |                     | =                   | X           | 9=                |                        | OR      | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                        | inus *** TIPLE DEPENDENT O     |                     | =                   | X           | 42=               |                        | OR      | X84=                    | XX                     |
|   | FIRST PRESE                                    | INTATION OF MI                            | JUIIPLE DEP                  | ENDEN                          | CLAIM               |                     | +1          | 40=.              |                        | OR      | +280=                   |                        |
|   |  |   |                              |                                |                     |                     |             | TOTAL<br>T. FEE   |                        | OR      | TOTAL<br>ADDIT, FEE     |                        |
| ,   | (Column 1) (Column 2) (Column 3)               |   |                              |                                |                     |                     |             |                   |                        |         | ADDII. FEE              |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA    | R           | ATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                        | **                             |                     | =                   | X           | 9=                |                        | OR      | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                        | ***                            |                     | =                   | X           | 12=               |                        | OR      | X84=                    |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                                |                     |                     |             |                   |                        | Un      |                         |                        |
| <u>l</u>  |  |   |                              |                                |                     |                     |             | 40=               |                        | OR      | +280=                   |                        |
|   |  |   | TOTAL<br>T. FEE              |                                | OR                  | TOTAL<br>ADDIT. FEE |             |                   |                        |         |                         |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                              |                                |                     |                     |             |                   |                        |         |                         |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA    | R/          | ATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                        | **                             |                     | =                   | X           | 9=                |                        | OR      | X\$18=                  |                        |
|   | Independent                                    |   |                              |                                | =                   | X4                  | 12=         |                   | OR                     | X84=    |                         |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                                |                     |                     |             |                   |                        |         |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                              |                                |                     |                     |             |                   |                        | OR      | +280=                   |                        |
| **  | If the "Highest Nu                             | imber Previously Pa<br>imber Previously P | aid For" IN THI              | S SPACE i                      | s less thar         | n 20, enter "20."   |             | T. FEE            |                        | OR      | TOTAL<br>ADDIT. FEE     |                        |
|   | The "Highest Nur                               | nber Previously Pa                        | id For" (Total or            | Independ                       | ent) is the         | highest numbe       | er found in | the app           | propriate box          | k in co | lumn 1.                 |                        |